râle all over; heart's sounds distant and feeble, with an intermission at the end of every three or four beats, followed by a strong impulse against the ribs; the heart did not appear to be displaced. He suddenly expired when being put to bed.

Post-mortem following Day.—On percussing the chest the left anterior portion sounded tympanitic over its entire surface, but in a less degree in the infra-clavicular region; the right was clear, but not tympanitic; the body loaded with fat; muscles not wasted; abdomen large. On cutting into the chest there issued from the left side a quantity of very fetid gas; the left side also contained several pints of turbid milky serum; the lung was completely compressed against the spinal column; the pleura costalis and pulmonalis coated with a thin layer of coagulated lymph; the right pleura healthy; the lung of dark colour, much engorged with serum; the edge of lower lobe emphysematous; the left lung on the anterior surface of its lower lobe presented a circular aperture with defined edges, which would nearly admit the end of the little finger. On laying the lung open from its posterior part, a small cavity was exposed, having a few patches of coagulated lymph on its walls, and extending upwards and inwards for an inch and a half communicating with a bronchial tube. No tubercles existed in either lung.

CASE

OF

SPONTANEOUS RUPTURE OF THE SPLEEN.

By G. BODICHON, M.D., Algiers.

On the 18th of October, 1838, a man was found dead not far from the fort Oued-el-Kerma. Some suspicion of violence having been entertained by the authorities, an investigation of the cause of death was made.

The man was a retired soldier of the foreign legion, and for several years had been subject to repeated attacks of intermittent fever, which had returned with great violence during the last few weeks. The persons by whom he was employed remarked that his respiration was considerably impeded, and the left side of the abdomen greatly swollen. On the morning of the day on which he died he eat his breakfast as usual, and then drove out the cattle to pasture; he had, however, proceeded only a few hundred paces, when he was seen to sit down on the ground, roll over into a pool, and immediately expire. The body was examined on the 19th. There was no trace of external violence. The abdomen was greatly distended, and, on its being punctured, a very great quantity of blood escaped; the lungs and heart were collapsed, and remarkably devoid of blood; the spleen occupied the whole of the left side of the abdomen, extending from the level of the sixth rib into the pelvis, and projecting laterally beyond the edge of the linea alba. On the anterior surface of the organ there was a laceration of two inches in length by one in breadth. The splenic artery was as large as a goose-quill, and the vein was four or five times its usual size. The parenchyma of the organ presented numerous cells, large enough to receive the end of a catheter; and this

arrangement was particularly evident in the neighbourhood of the lacerated part.

In this case, then, the hypertrophy and laceration of the spleen evidently depended on the congestion produced by the frequent accesses of intermittent fever; the cellulo-vascular tissue of the organ was one large mass of aneurismal varix, and at length gave way under the distension to which it was subjected.—*Journ. des. Connais.*, No. 4, 1842.

MONSTROSITY.

REMOVAL OF A SUPERNUMERARY LOWER LIMB.

The particulars of the following curious case were lately communicated to the Medical Society of Montpellier, by Professor Delmas:—

The subject of this case, at the time of birth, presented the following appearances. The head, chest, and spine were perfectly well-formed. The right lower extremity was much smaller than the left, but the bones of the limb did not seem to be affected.

On a level with the edge of the ribs, on the right side, near the region of the gall-bladder, there was a *third* lower extremity, composed of a foot, leg, thigh, and iliac bone; the foot and leg of this supernumerary limb were much smaller in proportion than the thigh; its different articulations were immovable. From the play of the ribs it was impossible to ascertain whether the iliac bone was merely placed over or intimately connected with them; nor could it be ascertained with what parts the inner surface of the bone was in contact. The functions of respiration, &c., however, were not disturbed in any way.

From the lower edge of the iliac bone there projected a large hernial tumour, which appeared to contain at least one half of the abdominal viscera, and a small, firm body, of the consistence of the spleen. At the point where the edge of the hernial tumour joined the root of the supernumerary limb there was a small empty scrotum, with a small penis, furnished with a glans, but no prepuce; from the extremity of this penis urine was occasionally discharged, and hence it was concluded that the hernial tumour contained a kidney with a supernumerary bladder.

The circumstances just related induced the surgeon (M. Bonnefoux, of Rhodéz) who attended the infant, not to attempt the removal of the iliac bone, but merely remove the supernumerary limb from its joint. This was done when the child had attained the age of six weeks. All the vessels were tied as they were divided, and the limb disarticulated before the femoral artery was cut through; very little blood was thus lost. Since the operation the right lower extremity increased rapidly, and is now exactly similar in appearance to the left. The hernial tumour has manifestly diminished in size.

M. Delmas attributes the success of this operation, the performance of which he had recommended, to the circumstance that surgical operations on infants generally turn out well.

The normal urinary apparatus of the child now performs all its functions in the usual way. From the small supernumerary penis, however, the urine generally passes drop by drop; when the child cries